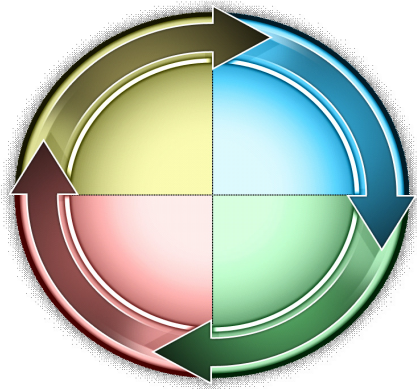


**Indiana Family and Social Services Administration
Division of Mental Health and Addiction**

Performance Measure Definitions

SFY 2010



Version 3.1
November 10, 2009

**Indiana Family and Social Services Administration
Division of Mental Health and Addiction**

Performance Measure Definitions

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Version Control

Changes between Version 1 and Version 2 of this document include the following:

Measure	Change
Employment SMI	Restated numerator for clarity
Employment CA	Restated numerator for clarity
Criminal Justice Involvement SMI	<ul style="list-style-type: none"> a. In Long Title clarified that the time frame for identifying number of arrests is within the 30 days prior to the current reassessment b. Clarified the numerator for calculation
Criminal Justice Involvement CA	<ul style="list-style-type: none"> a. In Long Title clarified that the time frame for identifying number of arrests is within the 30 days prior to the current reassessment b. Clarified the numerator for calculation
Decrease in Use - CA	Restated numerator for clarity
Improvement in Substance Use – SMI (SFY 2011 proposed measure)	Corrected formula
Improvement in Substance Use – CA (SFY 2011 proposed measure)	Corrected formula

Changes between Version 2 and Version 3 of this document include the following:

Measure	Change
All Measures	<p>Corrected formatting to all numerators stated first and denominators second.</p> <p>Clarified assessments to Time 1 and Time 2.</p>
Definitions and Acronyms	<ul style="list-style-type: none"> a. In Population definition added further explanation of who is included in each population group. b. Added a definition for HAP Eligibility (Episode Status). c. Added definition for Time 1 and Time 2.
Proposed Performance Measure Changes for July 1, 2011	Removed
Needs and Strengths Assessment – Reliable Change Index	Added

Appendix A	Removed
Appendix B	Removed
Appendix C	Removed

Introduction to Performance Measures and Definitions For State Fiscal Year 2010

The performance measures contained in this document will be utilized by DMHA in Performance Based Contracting with DMHA certified managed care providers (MCPs) of mental health and/or addiction services in Indiana. Some of the measures have been refined for state fiscal year 2010 based on experience with the measures over the past two years and on recommendations from providers.

The Outcome Measures are designed around a service delivery system based on episodes of care. An episode of care is defined by an admission date and a discharge date. At the beginning of each episode of care for a consumer, an assessment is completed. This is the admission assessment. Depending upon the length of services, one or more reassessments will be completed. If the episode of care extends for six or more months, a reassessment is required at the end of each six months of treatment. Providers may perform reassessments more frequently based on the needs of the consumer. A reassessment is also needed at the time of discharge.

Assessments and reassessments are performed using the Child and Adolescent Needs and Strengths (CANS) assessment for youth and the Adult Needs and Strengths Assessment (ANSA) for persons aged 18 and over, except where otherwise noted. In addition to these assessment tools, DMHA requires reporting of the following data elements at admission, 180 day intervals, and discharge:

- Living Arrangement
- Employment
- Substance Usage data (primary, secondary and tertiary substances, route of ingestion, frequency of use/intake, and age at first use/intoxication)
- ACT (adults only)
- Criminal Activity
- Supported Employment (adults only)
- Integrated Dual Diagnosis Treatment (adults only)
- Illness Management and Recovery
- Supported Housing (adults only)
- ROLES (youth only)

Some performance measures in this document utilize the above data elements, some use the CANS or ANSA data, and some use a combination of both.

Definitions and Acronyms

<i>Adult</i>	person aged 18 and over An exception to this age grouping applies to persons who started receiving child and adolescent services prior to age 18 and whose child and adolescent services will continue post age 18 and end prior to age 22
<i>Youth</i>	any person up to age 22 with an SED agreement type and youth with a CA agreement type who are aged 0 – 17 See above for special consideration for some persons aged 18 – 22:
<i>SMI</i>	adult person with serious mental illness including those with co-occurring mental illness and addiction.
<i>CA</i>	person with addiction/substance abuse
<i>SED</i>	youth with serious emotional disturbance
<i>Population</i>	In this manual, each definition has been assigned a population identification. The population identifiers fall within three categories: SMI, Adult CA, or Youth (SED and CA) as defined above. All clients in these population groups (including those with a status of ACT, SOF, Deaf, etc.) will be included in all performance measures. However, agreement type of GAM and special funding type SMO are not include in any measure.
<i>DARMHA</i>	Data Assessment Registry for Mental Health and Addiction
<i>Medication Only</i>	DARMHA allows consumers to be identified as receiving Medication Only services. Since these services are provided only a few times per year, the consumers identified as Medication Only will not be included in Outcome Measures. However, they will be counted for Average Monthly Number Served and Timeliness of Data Submission during the months in which services are provided.
<i>HAP Eligibility (Episode Status)</i>	DARMHA allows a continuous episode of care for persons whose HAP eligibility status may change due to changes in income which are not anticipated to be permanent. For example, a consumer may have a history of employment instability where he/she obtains employment for short periods and again becomes unemployed. In these situations, the provider may determine that an actual discharge in DARMHA is unwarranted since the consumer will continue receiving services. If the provider chooses to use the episode status field to change from HAP Eligible to No Longer

HAP Eligible, this is permissible with no restrictions on the length of time an episode may remain open with the status of No Longer HAP Eligible. Consumers with an episode status of No Longer HAP Eligible at the end of a reporting month will not be included in performance measure calculations.

Time 1

Time one is the assessment immediately prior to the Time two assessment.

Time 2

Time two is the most recent assessment.

Performance Measures Changes

Effective July 1, 2010

Employment SMI	Increased increments of employment. Not included in dollars. Will be monitored only.
Employment CA	Increased increments of employment. Not included in dollars. Will be monitored only.
Housing SMI	Not included in dollars. Will be monitored only.
Housing CA	Not included in dollars. Will be monitored only.
Adult Improvement in Needs and Strengths	NEW – Improvement of Adults in at least one domain. Will be included in dollars.
Youth Improvement in Needs and Strengths	Improvement of Youth in at least one domain. Will be included in dollars.
Decreased Criminal Justice Involvement for Persons with SMI	Not included in dollars. Will be monitored only.
Decreased Criminal Justice Involvement for Persons with CA	Not included in dollars. Will be monitored only.
Decrease in Use CA	Decreased Frequency of Use of Addictive Substances – Adults. Not included in dollars. Will be monitored only.
Retention in Treatment CA	Not included in dollars. Will be monitored only.
Adults Served – SMI with LON 2 or lower	NEW -- Average Monthly Number of Adult Consumers with a Serious Mental Illness and a LON 2 or lower Served. Will be included in dollars.
Adults Served – SMI with LON of 3 or Higher	NEW -- Average Monthly Number of Adult Consumers with a Serious Mental Illness and a LON of 3 or Higher Served. Will be included in dollars.
Adults Served – CA with LON of 2 or Lower	NEW -- Average Monthly Number of Adult Consumers with a Chronic Addiction and a LON of 2 or Lower Served. Will be included in dollars.

Adults Served CA LON 3 or Higher	NEW -- Average Monthly Number of Adult Consumers with a Chronic Addiction and a LON of 3 or Higher Served. Will be included in dollars.
Youth Served SED & CA with a LON 2 or Lower	NEW -- Average Monthly Number of Youth with a LON of 2 or Lower Served. Will be included in dollars.
Youth Served SED & CA with a LON 3 or Higher	NEW -- Average Monthly Number of Youth with a LON of 3 or Higher Served. Will be included in dollars.
Reassessment – Outcomes in DARMHA	Calculation Methodology has changed. Percentage of reassessments completed within 7 months. Will be included in dollars.
Reassessment – CANS & ANSA	NEW – Percentage of reassessments completed within 7 months. Will be included in dollars.
Timely and Complete Data	No longer included in dollars. Will be monitored only.

Outcome Measure Definitions

Employment SMI

Short Title: Increased/Retained Employment

Population: SMI

Long Title: Percentage of adults with serious mental illness whose employment status remains the same or improves from the Time 1 assessment for the episode of care to the most recent reassessment

Definition: Employment is defined as paid work. The amount of time each week that a consumer works further defines the employment status. The data elements for employment status in the Data Assessment Registry for Mental Health and Addiction (DARMHA) manual are:

1. Full-time: working 36 – 40 or more hours per week.
2. Less than full-time: working 21 to 34 hours per week.
3. Part-time: working 16 – 20 hours per week.
4. Part-time: working 11 - 15 hours per week.
5. Part-time: working 6 – 10 hours per week.
6. Part-time: working 1 - 5 hours per week.
7. Unemployed: looking for work during the last 30 days or laid off from a job.
8. Not In Labor Force: not looking for work during the last 30 days or homemaker, student, disabled, retired or in an institution.

The performance measure for Increased/Retained Employment requires two data sets, one at the beginning of the episode of care and another at discharge or each six months of services. Although the “Not in Labor Force” detail includes several potential reasons for an individual not seeking employment, only the “disabled” category will be included in this measure in order to continue to promote the principles of “Recovery” throughout the mental health and addiction system.. Employment status is ranked from most active to least active as follows:

1. Full-time
2. Less than full time
3. **Part-time – 16-20**
4. **Part-time – 11-15**
5. **Part-time – 6-10**
6. **Part-time – 1-5**
7. Unemployed
8. Not In Labor Force -- **disabled**

Retained employment means that the consumer was employed at Time 1 and maintains that same level of employment at Time 2. Improved employment means that persons not

in labor force due to disability obtain employment, persons unemployed obtain employment and that persons increase the number of hours per week worked.

Measure Specific Source of Data: Data will be current DARMHA data set for Employment and for Not in Labor Force due to disability. Not in Labor Force due to other reasons or Unknown at either the beginning of the episode of treatment or at the time of reassessment or discharge is not counted in the measurement.

Method of Calculation:

The numerator is: Of the above from the dominator, all whose status, at the most recent assessment, stays the same from Time 1 to Time 2 or who have improved employment status from Time 1 to Time 2.

The denominator is: the total number of persons with SMI with at least two assessments in the episode of care who are unemployed, employed, or not in labor force due to disability at Time one.

Calculations will be performed for each provider submitting data to DARMHA.

Target: The state fiscal year 2010 target performance for each provider will be equal to provider performance during SFY 2009.

SFY 2010: Measure will not be connected to dollars for performance contracting. DMHA will monitor performance on this measure.

Future Considerations Recommended: In future fiscal years, this measure should be revised calculating improved employment status only.

Employment CA

Short Title: Increased/Retained Employment

Population: CA Adults

Long Title: Percentage of adults with alcohol and/or substance abuse diagnoses whose employment status remains the same or improves from the Time 1 assessment for the episode of care to the most recent reassessment.

Definition: Employment is defined as paid work. The amount of time each week that a consumer works further defines the employment status. The data elements for employment status in the Data Assessment Registry for Mental Health and Addiction (DARMHA) manual are:

1. Full-time: working 36 – 40 or more hours per week.
2. Less than full-time: working 21 to 34 hours per week.
3. Part-time: working 16 – 20 hours per week.
4. Part-time: working 11 - 15 hours per week.
5. Part-time: working 6 – 10 hours per week.
6. Part-time: working 1 - 5 hours per week.
7. Unemployed: looking for work during the last 30 days or laid off from a job.
8. Not In Labor Force: not looking for work during the last 30 days or homemaker, student, disabled, retired or in an institution.

The performance measure for Increased/Retained Employment requires two data sets, one at the beginning of the episode of care and another at discharge or each six months of services. Although the “Not in Labor Force” detail includes several potential reasons for an individual not seeking employment, only the “disabled” category will be included in this measure in order to continue to promote the principles of “Recovery” throughout the mental health and addiction system. Employment status is ranked from most active to least active as follows:

1. Full-time
2. Less than full time
3. **Part-time – 16-20**
4. **Part-time – 11-15**
5. **Part-time – 6-10**
6. **Part-time – 1-5**
7. Unemployed
8. Not In Labor Force -- **disabled**

Retained employment means that the consumer was employed at Time 1 and maintains that same level of employment at Time 2. Improved employment means that persons not

in labor force due to disability obtain employment, persons unemployed obtain employment and that persons increase the number of hours per week worked.

Measure Specific Source of Data: Data will be current DARMHA data set for Employment and for Not in Labor Force due to disability. Not in Labor Force due to other reasons or Unknown at either the beginning of the episode of treatment or at the time of reassessment or discharge is not counted in the measurement.

Method of Calculation:

The numerator is: Of the above from the dominator, all whose status, at the most recent assessment, stays the same from Time 1 to Time 2 or who have improved employment status from Time 1 to Time 2.

The denominator is: the total number of persons with chronic addiction with at least two assessments in the episode of care who are unemployed, employed, or not in labor force due to disability at Time one.

Calculations will be performed for each provider submitting data to DARMHA.

Target: The state fiscal year 2010 target performance for each provider will be equal to provider performance during SFY 2009.

SFY 2010: Measure will not be connected to dollars for performance contracting. DMHA will monitor performance on this measure.

Future Considerations Recommended: In future fiscal years, this measure should be revised calculating improved employment status only.

Housing SMI

Short Title: Stability in Housing (Reduced Homelessness)

Population: SMI

Long Title: Percentage of adults with serious mental illness who were reported as homeless at the Time 1 assessment in the episode of care who are reported as not homeless at most recent reassessment.

Definition: Homeless is to be defined as:

Alone or with family, a person is considered homeless if he/she lacks a fixed, regular, and adequate nighttime residence and/or his/her primary nighttime residence is (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodation of three or less months, (b) an institution that provides a temporary residence for individuals intended to be institutionalized, or (c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street).

The performance measure for Stability in Housing, requires two data sets, one at the beginning of the episode of care and another at the end of the episode of care or following each six months of services if the consumer has not been discharged. To be counted as reduced homelessness, the Time 1 assessment of Living Arrangement will be “homeless” and the Time 2 reassessment Living Arrangement will be a status other than “homeless”.

Measure Specific Source of Data: Data will be current DARMHA data set for Living Arrangement. Unknown at either the beginning of the episode of treatment or at the time of reassessment or discharge is not counted in the measurement. ***Data from the two most recent assessments and/or reassessments will be used for Time 1 and Time 2 data points.***

Method of Calculation:

The numerator is: number of adults with mental illness who are reported as homeless at the Time 1 and who are reported as not homeless at Time 2 .

The denominator is: number of adults with mental illness who are reported as homeless at Time 1.

Calculations will be performed for each provider submitting data to DARMHA.

Target: The state fiscal year 2010 target performance for each provider will be equal to provider performance in SFY 2009.

SFY 2010: Measure will not be connected to dollars for performance contracting. DMHA will monitor performance on this measure.

Future Considerations Recommended:

In 2011, Residential Stability item from ANSA will be used to define stability in housing and improvement or maintenance in stability. Baseline data for target setting will be calculated on ANSAs from January 2009 through March 2010.

Housing CA

Short Title: Stability in Housing (Reduced Homelessness)

Population: CA Adults

Long Title: Percentage of adults with alcohol and/or substance abuse disorders who were reported as homeless at the Time 1 assessment in the episode of care who are reported as not homeless at most recent reassessment.

Definition: Homeless is to be defined as:

Alone or with family, a person is considered homeless if he/she lacks a fixed, regular, and adequate nighttime residence and/or his/her primary nighttime residence is (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodation of three or less months, (b) an institution that provides a temporary residence for individuals intended to be institutionalized, or (c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street).

The performance measure for Stability in Housing, requires two data sets, one at the beginning of the episode of care and another at discharge or following each six months of services if the consumer has not been discharged. To be counted as reduced homelessness, the Time 1 assessment of Living Arrangement will be “homeless” and the Time 2 reassessment Living Arrangement will be a status other than “homeless”.

Measure Specific Source of Data: Data will be current DARMHA data set for Living Arrangement. *Unknown* at either the beginning of the episode of treatment or at the time of reassessment or discharge is not counted in the measurement. ***Data from the two most recent assessments and/or reassessments will be used for Time 1 and Time 2 data points.***

Method of Calculation:

The numerator is: Number of adults with chronic addiction who are reported as homeless at Time 1 and who are reported as not homeless at Time 2.

The denominator is: Number of adults with chronic addiction who are reported as homeless at Time 1.

Calculations will be performed for each provider submitting data to DARMHA.

Target: The state fiscal year 2010 target performance for each provider will be equal to provider performance in SFY 2009.

SFY 2010: Measure will not be connected to dollars for performance contracting. DMHA will monitor performance on this measure.

Future Considerations Recommended:

In 2011, Residential Stability item from ANSA will be used to define stability in housing and improvement or maintenance in stability. Baseline data for target setting will be calculated on ANSAs from January 2009 through March 2010.

SMI Adult Improvement in Needs and or Strengths – NEW

Short Title: Needs and strengths improvement

Population: All SMI Adults

Long Title: Percentage of adults with improvement in at least one ANSA domain.

Definition: The Adult Needs and Strengths Assessment (ANSA) tool reports needs and strengths in six domains: Life Domain Functioning, Behavioral Health Needs, Strengths, Acculturation, Caregiver Strengths and Needs, and Risk Behaviors. Four domains (excluding Acculturation and Caregiver Strengths and Needs) are used to measure improvement. Improvement in at least one of the four domains constitutes improvement for this measure. Measure is reported quarterly.

Measure Specific Source of Data: All data is from DARMHA. ANSA Assessments are used for the measurement. For each adult with a SMI agreement identifier and at least two ANSA assessments, improvement in each domain is measured using a statistically reliable change index. This measure uses ratings at the individual item level aggregated to the domain level.

Time 2 is defined as the most recent assessment or reassessment. Time 1 is defined as the assessment immediately prior to the Time two assessment. Since the ANSA was implemented in July 2008 and there is evidence that the first three months did not provide accurate assessments, only ANSA assessments completed in October 2008 or later will be included in the calculation.

Method of Calculation:

Rules for Calculating Respective Domain Scores: For each adult active at any time during the reporting quarter who also has at least two assessments, Time 1 and Time 2, domain scores are calculated according to the formulas below for the ANSA.

ANSA Domain Averages:

- **Functioning Domain** = Average of *Life Domain Functioning* scores multiplied by 10
- **Behavioral Health Domain** = Average of *Behavioral Health Needs* scores multiplied by 10
- **Risk Domain** = Average of *Risk Behaviors* scores multiplied by 10
- **Strengths Domain** = Average of *Strengths* scores multiplied by 10

For each adult, the average item score in the domain is calculated. The change score for each adult in each domain is obtained by subtracting the Time 1 average from the Time 2 average. This score is compared to the Reliable Change Index (RCI) difference to

determine positive change (improvement), no change (maintained) or negative change (decline).

- If Functioning Domain Time 2 (T2) – Functioning Domain Time 1 (T1) \geq -2.68, improvement.
- If Behavioral Health Domain Time 2 (T2) – Behavioral Health Domain Time 1 (T1) \geq -2.43, improvement.
- If Risk Domain Time 2 (T2) – Risk Domain Time 1 (T1) \geq -1.74, improvement.
- If Strengths Domain Time 2 (T2) – Strengths Domain Time 1 (T1) \geq -3.58, improvement.

The total number of adults with a positive change in at least one domain is the numerator.

The total number of adults with at least two assessments is the denominator.

Calculation is numerator divided by denominator multiplied by 100.

Target: 50% of adults will have reliable improvement in at least one domain.

SFY 2010: Measure will be connected to dollars for performance contracting.

Data Limitations: In order to have the most accurate reflection of the client's progress in treatment, a discharge assessment is critical. Many providers continue to discharge clients without completing a discharge assessment. In these situations, there may be a low number of clients included in the calculation due to not having two assessments during the episode of care. Also for clients who remain in services for more than 180 days and are discharged before the next 180 day assessment, if a discharge assessment is not completed, the two assessments used may not be an accurate reflection of whether or not the client improved.

Future Considerations Recommended: Beginning in SFY 2011 for consumers with an uninterrupted episode of care, Time 1 and Time 2 assessments will be defined by assessments completed within an eighteen month period. Time 2 will be the assessment completed closest to the reporting period and Time 1 will be the assessment most distant from the Time 2 assessment within the eighteen month window.

CA Adult Improvement in Needs and or Strengths – NEW

Short Title: Needs and strengths improvement

Population: All CA Adults

Long Title: Percentage of adults with CA with improvement in at least one ANSA domain.

Definition: The Adult Needs and Strengths Assessment (ANSA) tool reports needs and strengths in six domains: Life Domain Functioning, Behavioral Health Needs, Strengths, Acculturation, Caregiver Strengths and Needs, and Risk Behaviors. Four domains (excluding Acculturation and Caregiver Strengths and Needs) are used to measure improvement. Improvement in at least one of the four domains constitutes improvement for this measure. Measure is reported quarterly.

Measure Specific Source of Data: All data is from DARMHA. ANSA Assessments are used for the measurement. For each adult with a CA agreement identifier and at least two ANSA assessments, improvement in each domain is measured using a statistically reliable change index. This measure uses ratings at the individual item level aggregated to the domain level.

Time 2 is defined as the most recent assessment or reassessment. Time 1 is defined as the first assessment immediately prior to the Time two assessment. Since the ANSA was implemented in July 2008 and there is evidence that the first three months did not provide accurate assessments, only ANSA assessments completed in October 2008 or later will be included in the calculation.

Method of Calculation:

Rules for Calculating Respective Domain Scores: For each adult active at any time during the reporting quarter who also has at least two assessments, Time 1 and Time 2, domain scores are calculated according to the formulas below for the ANSA.

ANSA Domain Averages:

- **Functioning Domain** = Average of *Life Domain Functioning* scores multiplied by 10
- **Behavioral Health Domain** = Average of *Behavioral Health Needs* scores multiplied by 10
- **Risk Domain** = Average of *Risk Behaviors* scores multiplied by 10
- **Strengths Domain** = Average of *Strengths* scores multiplied by 10

For each adult, the average item score in the domain is calculated. The change score for each adult in each domain is obtained by subtracting the Time 1 average from the Time 2 average. This score is compared to the Reliable Change Index (RCI) difference to

determine positive change (improvement), no change (maintained) or negative change (decline).

- If Functioning Domain Time 2 (T2) – Functioning Domain Time 1 (T1) \geq -2.68, improvement.
- If Behavioral Health Domain Time 2 (T2) – Behavioral Health Domain Time 1 (T1) \geq -2.43, improvement.
- If Risk Domain Time 2 (T2) – Risk Domain Time 1 (T1) \geq -1.74, improvement.
- If Strengths Domain Time 2 (T2) – Strengths Domain Time 1 (T1) \geq -3.58, improvement.

The total number of adults with a positive change in at least one domain is the numerator.

The total number of adults with at least two assessments is the denominator.

Calculation is numerator divided by denominator multiplied by 100.

Target: 50% of adults will have reliable improvement in at least one domain.

SFY 2010: Measure will be connected to dollars for performance contracting.

Data Limitations: In order to have the most accurate reflection of the client's progress in treatment, a discharge assessment is critical. Many providers continue to discharge clients without completing a discharge assessment. In these situations, there may be a low number of clients included in the calculation due to not having two assessments during the episode of care. Also for clients who remain in services for more than 180 days and are discharged before the next 180 day assessment, if a discharge assessment is not completed, the two assessments used may not be an accurate reflection of whether or not the client improved.

Future Considerations Recommended: Beginning in SFY 2011 for consumers with an uninterrupted episode of care, Time 1 and Time 2 assessments will be defined by assessments completed within an eighteen month period. Time 2 will be the assessment completed closest to the reporting period and Time 1 will be the assessment most distant from the Time 2 assessment within the eighteen month window.

Youth Improvement in Needs and or Strengths

Short Title: Needs and strengths improvement

Population: Youth 5-17 (SED or CA)

Long Title: Percentage of youth ages 5 – 17 with improvement in at least one CANS domain.

Definition: The Child and Adolescent Needs and Strengths (CANS) assessment tool reports needs and strengths in six domains: Life Domain Functioning, Child Strengths, Acculturation, Caregiver Strengths and Needs, Child Behavioral/Emotional Needs, and Child Risk Behaviors. Five domains (all except Acculturation) are used to measure improvement. Improvement in at least one of the five domains constitutes improvement for this measure. Measure is reported quarterly.

Measure Specific Source of Data: All data is from DARMHA. CANS 5-17 Assessments are used for the measurement. For each child with at least two CANS assessments, improvement in each domain is measured using a statistically reliable change index. This measure uses ratings at the individual item level aggregated to the domain level.

Method of Calculation:

Rules for Calculating Respective Domain Scores: For each youth who is active at any time during the reporting quarter who also has at least two assessments, Time 1 and Time 2, domain scores are calculated according to the formulas in Appendix B for the CANS 5 - 17 years.

CANS 5 to 17 Domain Averages:

- **Behavioral Health Domain** = Average of *Child Behavioral/Emotional Needs* scores multiplied by 10
- **Risk Domain** = Average of *Child Risk Behaviors* scores multiplied by 10
- **Functioning Domain** = Average of *Child Life Domain Functioning* scores multiplied by 10
- **Strengths Domain** = Average of *Child Strengths* scores multiplied by 10
- **Caregiver Domain** = Average of Caregiver Strengths & Needs scores multiplied by 10

For each youth, the average score for the domain is calculated for Time 1 and Time 2. The change score for each youth in each domain is obtained by subtracting the Time 1 average from the Time 2 average. This score is compared to the Reliable Change Index (RCI) difference to determine positive change (improvement), no change (maintained) or negative change (decline).

- If Behavioral Health Domain Time 2 (T2) – Behavioral Health Domain T1 \Rightarrow **-2.20**, improvement.
- If Risk Domain T2 – Risk Domain T1 \Rightarrow **-1.58**, improvement.
- If Functioning Domain T2 – Functioning Domain T1 \Rightarrow **-2.27**, improvement.
- If Strengths Domain T2 – Strengths Domain T1 \Rightarrow **-3.36**, improvement.
- If Caregiver Domain T2 – Caregiver Domain T1 \Rightarrow **-2.78**, improvement.

The total number of youth with a positive change in at least one domain is the numerator.

The total number of youth with at least two assessments is the denominator.

Calculation is numerator divided by denominator multiplied by 100.

Target: 50% of youth discharged will have reliable improvement in at least one domain.

SFY 2010: Measure will be connected to dollars for performance contracting.

Data Limitations: In order to have the most accurate reflection of the youth's progress in treatment, a discharge assessment is critical. Many providers continue to discharge youth without completing a discharge assessment. In these situations, there may be a low number of youth included in the calculation due to not having two assessments during the episode of care. Also for youth who remain in services for more than 180 days and are discharged before the next 180 day assessment, if a discharge assessment is not completed, the two assessments used may not be an accurate reflection of whether or not the child improved.

Future Considerations Recommended: The CANS for ages 0 – 5 may be included in SFY 2011.

Criminal Justice Involvement SMI

Short Title: Decreased Criminal Justice Involvement for Persons with SMI

Program: Adults SMI

Long Title: Percentage of adults with serious mental illness who, at the time of the Time 1 assessment, reported being arrested within the 30 days prior to current treatment episode who also, at the time of reassessment, report fewer arrests in the 30 days prior to the reassessment.

Definition: Criminal Justice Involvement is defined as any arrest by a law enforcement agency.

The performance measure for Criminal Justice Involvement requires two data sets, one at the beginning of the episode of treatment and another at discharge or each six months of services. To be counted as decreased criminal justice involvement, the Time 1 assessment of Criminal Activity will be one or more arrests and the Time 2 reassessment of Criminal Activity will be at least one less arrest than reported at the Time 1 assessment.

Measure Specific Source of Data: Data will be current DARMHA data set for Criminal Activity.

Method of Calculation:

For each adult in the data base with two assessments, subtract number of arrests on Time 1 assessment from the number of arrests on Time 2 reassessment.

The numerator is: the number of adults with a negative difference in the number of arrests.

The denominator is: number of adults with an two assessments who report one or more arrests at the time of the Time 1 assessment during the current episode of care.

Group the results into three groups – negative difference (reduced arrests), zero difference (the same number of arrests) and positive difference (increased arrests).

$$\frac{\text{Number of adults with negative difference in number of arrests}}{\text{Number of adults with two assessments and one or more arrests at the time of the Time 2 assessment}}$$

Converted to a percentage

Calculations will be performed for each provider submitting data to DARMHA.

SFY 2010: Measure will not be connected to dollars for performance contracting. DMHA will monitor performance on this measure.

Target: The state fiscal year 2010 target performance for each provider will be equal to provider performance in SFY 2009.

Future Considerations Recommended: The Crime Module from the ANSA should be used in SFY 2011.

Criminal Justice Involvement CA

Short Title: Decreased Criminal Justice Involvement for Persons with CA

Program: Adults CA

Long Title: Percentage of adults with addiction disorders who, at the time of the Time 1 assessment, reported being arrested within the 30 days prior to current treatment episode who also, at the time of reassessment, report fewer arrests in the 30 days prior to the reassessment.

Definition: Criminal Justice Involvement is defined as any arrest by a law enforcement agency.

The performance measure for Criminal Justice Involvement requires two data sets, one at the beginning of the episode of treatment and another at discharge or each six months of services. To be counted as decreased criminal justice involvement, the Time 1 assessment of Criminal Activity will be one or more arrests and the Time 2 reassessment of Criminal Activity will be at least one less arrest than reported at the Time 1 assessment.

Measure Specific Source of Data: Data will be current DARMHA data set for Criminal Activity.

Method of Calculation:

For each adult in the data base with two assessments, subtract number of arrests on Time 1 assessment from the number of arrests on Time 2 reassessment.

The numerator is: the number of adults with a negative difference in the number of arrests.

The denominator is: number of adults with two assessments who report one or more arrests at the time of the Time 1 assessment during the current episode of care.

Group the results into three groups – negative difference (reduced arrests), zero difference (the same number of arrests) and positive difference (increased arrests).

$$\frac{\text{Number of adults with negative difference in number of arrests}}{\text{Number of adults with two assessments and one or more arrests at the time of the Time 1 assessment}}$$

Converted to a percentage

Calculations will be performed for each provider submitting data to DARMHA.

SFY 2010: Measure will not be connected to dollars for performance contracting. DMHA will monitor performance on this measure.

Target: The state fiscal year 2010 target performance for each provider will be equal to provider performance in SFY 2009.

Future Considerations Recommended: The Crime Module from the ANSA should be used in SFY 2011.

Decrease in Use CA

Short Title: Decreased Frequency of Use of Addictive Substances – Adults

Program: CA Adults

Long Title: Percentage of adults with an addiction disorder who have either a reassessment or a discharge reassessment who report a reduced frequency of use of primary substance since beginning of treatment.

Definition: The performance measure for Decrease in Frequency of Use of Addictive Substance requires two data sets. The first data set is reported in DARMHA at the beginning of the episode of treatment and second data set is reported at DARMHA reassessment (at discharge or any other time a reassessment is completed such as after six months of services). To be counted as a decrease in use, the initial NOMs assessment must indicate a Primary Substance, Frequency of Use and the DARMHA reassessment must indicate a lower frequency of use of the primary substance.

In determining primary substance abuse problems, clinical judgment will ultimately determine the degree of impairment that a substance has for an individual client. In determining the degree of impairment, the following considerations should be made: (1) pattern of drug involvement; (2) degree of present or past physical, mental, social dysfunction caused by the substance and (3) degree of present or past physical or psychological dependence on drugs, regardless of the frequency of use of a specific drug.

Source of Data: Data will be current DARMHA data set for Primary Substance, Frequency of Use. Unknown frequency at either the beginning of the episode of treatment or at the time of reassessment or discharge is not counted in the measurement.

Method of Calculation:

For each adult with a chronic addiction agreement type in the data base with an initial NOMs assessment and a reassessment, for primary substance, subtract assessment frequency from reassessment frequency.

The numerator is: the number of adults with a negative difference in frequency of use.

The denominator is: number of adults an initial NOMs assessment and a reassessment with a chronic addiction agreement type diagnosis who report use of one or more substances at the time of the initial NOMs assessment during the current fiscal year.

Group the results into three groups – negative difference (reduced frequency), zero difference (the same frequency) and positive difference (increased frequency).

$$\frac{\text{Number of adults with negative difference in frequency of use}}{\text{Number of adults with an initial NOMs assessment and a reassessment and one or more substances used at the time of the initial NOMs assessment}}$$

Converted to a percentage

Calculations will be performed for each provider submitting data to DARMHA.

Target: The state fiscal year 2010 target performance for each provider will be equal to provider performance in SFY 2009.

SFY 2010: Measure will not be included in performance contracting. DMHA will monitor performance on this measure.

Data Limitations: The data for this measure is either self-reported by the consumer or reported by collateral/referral sources. This measure is only reporting on the primary substance of use. It is known that some persons may decrease use in primary substance while increasing use in secondary/tertiary substance. This change is not captured by this measure.

Future Consideration Recommendations: The current definition does not address persons who may increase use during the treatment episode. The change from less use to more use could become a separate measure, or a ratio between those who had a positive change and those who had a negative change in could be measured.

Process Measure Definitions

Retention in Treatment CA

Short Title: Increased Retention in Treatment

Program: CA Adults

Long Title: Percentage of adult addiction clients served who are retained in treatment for three consecutive months with at least three services per every 30 days.

Definition: Retention is defined as remaining in treatment services over a period of time. For this measure, retention is further defined as having at least three separate encounters (services) on different days of the month for three consecutive 30 day periods. An encounter is defined as a valid procedure code with a unit value (not a NULL value).

Source of Data: Data will be current DARMHA encounter data set.

Method of Calculation:

In order to capture three months of data per consumer, the calculations will be performed during the fourth month following the month in which the consumer was admitted to an episode of care. Therefore, for all admissions during the month of July, the calculation will be performed in November, admissions in August will be calculated in December, etc. The first data point will be the date of admission for the episode of care. The second data point will be at least 90 days from the admission assessment.

The numerator is: Number of adults with addiction who have a minimum of three separate encounter records (on different days of the month) for three consecutive 30 day periods.

The denominator is: Unduplicated number of adults with addiction who are admitted in the specified month (see above) and who have at least one encounter (a procedure code with a unit value) recorded in DARMHA.

Calculations will be performed for each provider submitting data to DARMHA.

Target: The state fiscal year 2010 target performance for each provider will be equal to provider performance in SFY 2009.

SFY 2010: Measure will not be connected to dollars for performance contracting. DMHA will monitor performance on this measure.

Future Consideration Recommendations: In the future, the measure may change to Average Length of Time in Treatment. The calculation would be time elapsed between date of admission and date of last contact or the date of discharge.

Adults Served – SMI with LON 2 or lower -- New

Short Title: Average Monthly Number of Adult Consumers with a Serious Mental Illness and a LON 2 or lower Served

Population: Adults with Mental Health Diagnoses

Long Title: Average monthly number of unduplicated adult consumers with SMI agreement identifier and an ANSA level of need 0, 1, or 2 who receive one or more services each month

Definition: Adult consumers with mental health diagnoses include all persons age 18 years and older who have an open episode of care and a SMI agreement identifier in the DARMHA data system. For this measure, adult consumers with a mental health diagnosis is further defined as having a completed Adult Needs and Strengths Assessment with a current recommendation of 0, 1, or 2.

A service during the month is defined as one or more encounter records during the month. Consumers in ACT, with a SOF contract, or with a Deaf Funding type are included in this measure.

Measure Specific Source of Data: Data will be the current DARMHA data set for SMI and a LON of 0, 1, or 2.

Number served includes Med Only but excludes GAM and SMO. It also excludes any consumer with an episode status of “No longer HAP eligible” at the time the report is run.

Method of Calculation:

On a monthly basis, this is a simple count of the unduplicated number of consumers with a SMI agreement identifier and an ANSA LON of 0, 1, or 2 who have one or more encounters reported during the month. The calculation of average monthly takes the specific number served each month and averages the months in the reporting period. The measure is cumulative during the reporting year in that for the first reporting period, three months are averaged; in the second reporting period, six months are averaged; in the third reporting period, nine months are averaged; and in the fourth reporting period, twelve months are averaged.

SFY 2010: Measure will be connected to dollars for performance contracting.

Target: The target performance for each provider in state fiscal year 2010 is based on the provider’s actual performance from September 2008 through March 2009.

Future Consideration Recommendations: None noted

Adults Served – SMI with LON of 3 or Higher -- New

Short Title: Average Monthly Number of Adult Consumers with a Serious Mental Illness and a LON of 3 or Higher Served

Population: Adults with SMI

Long Title: Average monthly number of unduplicated adult consumers with SMI agreement identifier and an ANSA level of need 3 or higher who receive one or more services each month

Definition: Adult consumers with SMI include all persons age 18 years and older who have an open episode of care and a SMI agreement identifier in the DARMHA data system. For this measure, adult consumers with SMI is further defined as having a completed Adult Needs and Strengths Assessment with a current recommendation of 3 or higher.

A service during the month is defined as one or more encounter records during the month. Consumers in ACT, with a SOF contract, or with a Deaf Funding type are included in this measure.

Measure Specific Source of Data: Data will be the current DARMHA data set for SMI and a LON of 3 or higher.

Number served includes Med Only but excludes GAM and SMO. It also excludes any consumer with an episode status of “No longer HAP eligible” at the time the report is run.

Method of Calculation:

On a monthly basis, this is a simple count of the unduplicated number of consumers with a SMI agreement identifier and an ANSA LON of 3 or higher who have one or more encounters reported during the month. The calculation of average monthly takes the specific number served each month and averages the months in the reporting period. The measure is cumulative during the reporting year in that for the first reporting period, three months are averaged; in the second reporting period, six months are averaged; in the third reporting period, nine months are averaged; and in the fourth reporting period, twelve months are averaged.

SFY 2010: Measure will be connected to dollars for performance contracting.

Target: The target performance for each provider in state fiscal year 2010 is based on the provider’s actual performance from September 2008 through March 2009.

Future Consideration Recommendations: None noted

Adults Served – CA with LON of 2 or Lower -- New

Short Title: Average Monthly Number of Adult Consumers with a Chronic Addiction and a LON of 2 or Lower Served

Population: Chronic Addiction

Long Title: Average monthly number of unduplicated adult consumers with a chronic addiction agreement identifier and an ANSA level of need 0, 1, or 2 who receive one or more services each month

Definition: Adult consumers with CA include all persons age 18 years and older who have an open episode of care and a CA agreement identifier in the DARMHA data system. For this measure, adult consumers with CA is further defined as having a completed Adult Needs and Strengths Assessment with a current recommendation of 0, 1, or 2.

A service during the month is defined as one or more encounter records during the month. Consumers in ACT, with a SOF contract, or with a Deaf Funding type are included in this measure.

Measure Specific Source of Data: Data will be the current DARMHA data set for CA and a LON of 0, 1, or 2.

Number served includes Med Only but excludes GAM and SMO. It also excludes any consumer with an episode status of “No longer HAP eligible” at the time the report is run.

Method of Calculation:

On a monthly basis, this is a simple count of the unduplicated number of consumers with a CA agreement identifier and an ANSA LON of 0, 1, or 2 who have one or more encounters reported during the month. The calculation of average monthly takes the specific number served each month and averages the months in the reporting period. The measure is cumulative during the reporting year in that for the first reporting period, three months are averaged; in the second reporting period, six months are averaged; in the third reporting period, nine months are averaged; and in the fourth reporting period, twelve months are averaged.

SFY 2010: Measure will be connected to dollars for performance contracting.

Target: The target performance for each provider in state fiscal year 2010 is based on the provider’s actual performance from September 2008 through March 2009.

Future Consideration Recommendations: None noted

Adults Served CA LON 3 or Higher -- New

Short Title: Average Monthly Number of Adult Consumers with a Chronic Addiction and a LON of 3 or Higher Served

Population: Adults with CA

Long Title: Average monthly number of unduplicated adult consumers with CA agreement identifier and an ANSA level of need 3 or higher who receive one or more services each month

Definition: Adult consumers with CA include all persons age 18 years and older who have an open episode of care and a CA agreement identifier in the DARMHA data system. For this measure, adult consumers with CA is further defined as having a completed Adult Needs and Strengths Assessment with a current recommendation of 3 or higher.

A service during the month is defined as one or more encounter records during the month. Consumers in ACT, with a SOF contract, or with a Deaf Funding type are included in this measure.

Measure Specific Source of Data: Data will be the current DARMHA data set for CA and a LON of 3 or higher.

Number served includes Med Only but excludes GAM and SMO. It also excludes any consumer with an episode status of “No longer HAP eligible” at the time the report is run.

Method of Calculation:

On a monthly basis, this is a simple count of the unduplicated number of consumers with a CA agreement identifier and an ANSA LON of 3 or higher who have one or more encounters reported during the month. The calculation of average monthly takes the specific number served each month and averages the months in the reporting period. The measure is cumulative during the reporting year in that for the first reporting period, three months are averaged; in the second reporting period, six months are averaged; in the third reporting period, nine months are averaged; and in the fourth reporting period, twelve months are averaged.

SFY 2010: Measure will be connected to dollars for performance contracting.

Target: The target performance for each provider in state fiscal year 2010 is based on the provider’s actual performance from September 2008 through March 2009.

Future Consideration Recommendations: None noted

Youth Served -- SED and CA with a LON 2 or Lower -- New

Short Title: Average Monthly Number of Youth with a LON of 2 or Lower Served

Population: All youth (SED and CA)

Long Title: Average monthly number of unduplicated child and adolescent consumers with a CA or SED agreement type who have a CANS level of need of 2 or lower and who receive one or more services each month.

Definition: Child and adolescent consumers include any youth with an SED agreement type and youth with a CA agreement type who are aged 0 - 17 with an open episode of care in the DARMHA data system during the reporting month. Low level of need is defined as a CANS recommendation of 0, 1 or 2. A service during the month is defined as one or more encounter records during the month.

Measure Specific Source of Data: Data will be the current DARMHA data for all youth with a SED agreement identifier and youth with a CA agreement identifier who are aged 0 – 17.

Method of Calculation:

On a monthly basis, this is a count of the total number of SED and youth CA consumers aged 0 - 17 with one or more encounters reported during the month and a CANS level of need recommendation of 0, 1, or 2.

The calculation of average monthly takes the specific number served each month and averages the months in the reporting period. The measure is cumulative during the reporting year in that for the first reporting period, three months are averaged; in the second reporting period, six months are averaged; in the third reporting period, nine months are averaged; and in the fourth reporting period, twelve months are averaged.

Note: When the total number of youth served is less than 25, this is considered insufficient population size to measure by level of need. Therefore, the total youth served will be used for the overall performance calculation.

SFY 2010: Measure will be connected to dollars for performance contracting.

Target: The target performance for each provider in state fiscal year 2010 is based on the provider's actual performance from July 2008 through March 2009.

Future Consideration Recommendations: None noted

Youth Served -- SED and CA with a LON 3 or Higher -- New

Short Title: Average Monthly Number of Youth with a LON of 3 or Higher Served
Program: All youth (SED and CA)

Long Title: Average monthly number of unduplicated child and adolescent consumers with a CA or SED agreement type who have a CANS level of need of 3 or higher and who receive one or more services each month

Definition: Child and adolescent consumers include any youth with an SED agreement type and youth with a CA agreement type who are aged 0 - 17 with an open episode of care in the DARMHA data system during the reporting month. High level of need is defined as a CANS recommendation of 3 or higher. A service during the month is defined as one or more encounter records with a unit value greater than 0 during the month.

Measure Specific Source of Data: Data will be the current DARMHA data for all youth with a SED agreement identifier and youth with a CA agreement identifier who are aged 0 – 17.

Method of Calculation:

On a monthly basis, this is a count of the total number of SED and youth CA consumers aged 0 - 17 with one or more encounters reported during the month and a CANS level of need recommendation of 3 or higher.

The calculation of average monthly takes the specific number served each month and averages the months in the reporting period. The measure is cumulative during the reporting year in that for the first reporting period, three months are averaged; in the second reporting period, six months are averaged; in the third reporting period, nine months are averaged; and in the fourth reporting period, twelve months are averaged.

Note: When the total number of youth served is less than 25, this is considered insufficient population size to measure by level of need. Therefore, the total youth served will be used for the overall performance calculation.

SFY 2010: Measure will be connected to dollars for performance contracting.

Target: The target performance for each provider in state fiscal year 2010 is based on the provider's actual performance from July 2008 through March 2009.

Future Consideration Recommendations: None noted

Reassessment DARMHA Outcomes– New Methodology

Short Title: Percentage of DARMHA Outcome reassessments completed

Population: All

Long Title: Percentage of consumers who are reassessed at 180 day intervals or at discharge during an episode of care.

Definition: Reassessment includes updating demographic information as defined in DARMHA and reporting current and updated information on the client in the following Outcome areas:

- Living Arrangement
- Employment
- Substance Usage data (primary, secondary and tertiary substances, route of ingestion, frequency of use/intake, and age at first use/intoxication)
- ACT (adults) or ROLES (youth)
- Criminal Activity
- Supported Employment
- Integrated Dual Diagnosis Treatment
- Illness Management and Recovery
- Supported Housing

Reassessments are required during the episode of care at 180 day intervals and should also be completed at the time of discharge from an episode of care. For the measure “Percentage of Reassessments Completed” during state fiscal year 2010, consumers with an active episode of care or a mutual discharge at any time during the reporting month will be included in the calculation. **All active consumers except those identified as Medication Only will be included in the calculation. Reassessments completed within seven months of the prior assessment will count as completed within 180 days.**

Measure Specific Source of Data: Data will be the current DARMHA data set. Consumers who are Med Only, GAM and SMO are excluded. Also excluded is any consumer who is “No longer HAP eligible” at the time the report is run.

Method of Calculation:

The calculation identifies all consumers active at any time during the reporting month who were eligible to be reassessed and measures the percentage that were reassessed within seven months of the previous assessment or reassessment. Measure is the percentage of persons who should have received a reassessment within seven months of previous assessment/reassessment and persons who did receive a reassessment.

The numerator is: the number of consumers with “On-Time Reassessments”. On-Time Reassessment is defined as at least two assessments/reassessments with valid data in the

outcome fields where the reassessment occurred within 7 months of the previous assessment/reassessment.

The denominator is: the number of persons “Eligible to be Reassessed”. “Eligible to be reassessed” is defined as all active consumers during the reporting month who have at least two assessments/reassessments plus all other active consumers with one assessment where the assessment date is at least 6 months prior to the end of the reporting month (the target date).

SFY 2010: Measure will be connected to dollars for performance contracting.

Target: The target performance for each provider of services to consumers with mental illness or an addiction during state fiscal year 2009 will be: 80% of all consumers (SMI, CA, or Youth) will have either a discharge reassessment or a 180 day reassessment within seven months of last assessment.

Future Consideration Recommendations: None noted.

Reassessment CANS or ANSA – New

Short Title: Percentage of CANS or ANSA reassessments completed

Population: All

Long Title: Percentage of consumers who are reassessed with the CANS or ANSA at 180 day intervals or at discharge during an episode of care.

Definition: Reassessments are required during the episode of care at 180 day intervals and should also be completed at the time of discharge from an episode of care. For the measure “Percentage of CANS or ANSA Reassessments Completed” during state fiscal year 2010, consumers with an active episode of care or a mutual discharge at any time during the reporting month will be included in the calculation. **All active consumers except those identified as Medication Only will be included in the calculation. Reassessments completed within seven months of the prior assessment will count as completed within 180 days.**

Measure Specific Source of Data: Data will be the current DARMHA data set. Consumers who are Med Only, GAM and SMO are excluded. Also excluded is any consumer who is “No longer HAP eligible” at the time the report is run.

Method of Calculation:

The calculation identifies all consumers active at any time during the reporting month who were eligible to be reassessed and measures the percentage that were reassessed within seven months of the previous assessment or reassessment. Measure is the percentage of persons who should have received a reassessment within seven months of previous assessment/reassessment and persons who did receive a reassessment.

The numerator is: the number of consumers with “On-Time Reassessments”. On-Time Reassessment is defined as at least two assessments/reassessments with valid data in the outcome fields where the reassessment occurred within 7 months of the previous assessment/reassessment.

The denominator is: the number of persons “Eligible to be Reassessed”. “Eligible to be reassessed” is defined as all active consumers during the reporting month who have at least two assessments/reassessments plus all other active consumers with one assessment where the assessment date is at least 6 months prior to the end of the reporting month (the target date).

SFY 2010: Measure will be connected to dollars for performance contracting.

Target: The target performance for each provider of services to consumers with mental illness or an addiction during state fiscal year 2009 will be: 80% of all consumers (SMI,

CA, or Youth) will have either a discharge reassessment or a 180 day reassessment within seven months of last assessment.

Future Consideration Recommendations: None noted.

Timely and Complete Data

Short Title: Submission of timely and complete data

Population: All

Long Title: Percentage of encounter data submitted to the DARMHA that is submitted by of the end of the month following the month in which the service occurred.

Definition: Timely submission of data is defined as data entered into DARMHA by of the end of the month following the month in which the service occurred. Complete data is defined as passing the DARMHA edit checks. Since data cannot be submitted that is incomplete, all data that is stored in DARMHA is considered complete even though it may not be fully accurate. It is the provider's responsibility to ensure accuracy of data submitted to DARMHA.

Measure Specific Source of Data: Data will be the current DARMHA data set for Agreement Identification and the encounter data set.

Method of Calculation:

Reporting for this measure occurs on the 15th of the second month following the reporting month. (In the event the 15th is a non-business day, the data will be reported the next business day.) The "date stamp" for each encounter record submitted by the provider is compared to the date on which the encounter record would be considered "on time", that is submitted by of the end of the month following the month in which the service occurred. The actual calculation is based on clients with encounter records. The number of all clients with encounters during the reporting month is totaled by provider. The number of these clients with no encounters submitted past the "due date" is then calculated. The percentage of all clients with encounters submitted "on time" is calculated.

This measure is recalculated each month during the reporting year. When data is submitted after the end of the month following the month in which the services occurred, it is accepted by the DARMHA up to the fiscal year close date. Therefore, in subsequent reports, this "late data" will result in changes in the percentage of target met for timeliness in previously reported months.

SFY 2010: Measure will not be connected to dollars for performance contracting. DMHA will monitor performance on this measure. Timely submission of data is a contract expectation. Failure to submit timely data may negatively impact performance payments.

Target: The target performance for each provider will be 80% of all encounter data submitted by of the end of the month following the month in which the service occurred.

Data Issues that may affect measurement:

Encounter record selection is not tied to an open episode of care. Therefore, encounter records submitted after a discharge will be counted.

Future Consideration Recommendations: None noted

Needs and Strengths Assessment Reliable Change Indices

The Reliable Change Index (RCI) is a concept used in monitoring outcomes. When scale scores are used, the interpretation of values across those scales can become somewhat arbitrary. For this reason, knowing when a change is 'sufficient' is an important criteria for creating meaning from changes in scores across time. RCI is one method that can be used to define when a change in a scale score is sufficient to be categorized as a real change. Put another way, RCI are the size of a change that would be difficult to explain as measurement error alone. The RCI works by asking how large of a change would need to be observed on a scale to be replicable given the reliability of the measure. The size of the RCI, therefore depends both on the variability of the measure (i.e. standard deviation) and the reliability of that measure. A standard error of measurement of 1.28 is used as the standard of sufficient change.

$$RCI = 1.28 * (\text{standard deviation}) \times \text{SQRT}(1 - \text{reliability}).$$

ADULT MEASURES

For the purposes of our analyses we used a estimated reliability of 0.78 which is the average reliability of ANSA trainees who are certified on the Indiana ANSA Training website. Domain scores are calculated by averaging items within the domain (only those that can change over time as a result of intervention) and then multiplying these item averages by 10 to create uniform 30 point domain scores whereby a '0' indicates all '0' ratings on every item in the domain and a '30' indicates all '3' ratings on every item in the domain.

<i>Domain</i>	<i>n</i>	<i>mean</i>	<i>sd</i>	<i>RCI</i>
Life Domain Functioning	20,708	8.7	4.56	2.68
Risk Behaviors	20,677	2.3	2.95	1.74
Symptoms	20,707	7.0	4.12	2.43
Strengths	20,709	14.1	6.08	3.58
Employment	7,429*	15.1	8.86	5.31
Community Stability	20,709	11.6	6.79	4.08
Legal Involvement	2,149*	9.9	6.36	3.82
Substance Use Involvement	6,782*	17.8	6.54	3.93

*These values were calculated only for individuals for whom the module was completed. A majority of the total population of individuals served would score all '0's on these items. Therefore these RCI would only apply to individuals with identified target needs that trigger the indicated modules.

Given an RCI for Life Domain Functioning of 2.68, this would mean that an individual would have to evince a change in the domain score of more than this value to achieve an improvement that could be seen as sufficient to be larger than to have occurred by chance.

YOUTH MEASURES

For Youth Performance Measures, Substance Use Needs and School Functioning include the items that are reported in the Comprehensive and Reassessment CANS 5 to 17:

- Substance Use (Severity, Peer Influences, Parental Influences & Stage of Recovery)
- School Functioning (School Behavior, School Achievement & School Attendance)

RCIs were calculated from a population of 22,940 youth whose needs and strengths had been rated with the Comprehensive or Reassessment CANS, 5 to 17 as of September 2008. The following formula was used.

$$RCI = 1.28 * (SD) \times \text{SQRT} (1 - \text{reliability})$$

For each Performance Measure, only the sample of youth with identified needs (> 0 ratings) were considered in calculating the RCI. Indiana's average reliability for the CANS on certification tests is .79. Raw scores are multiplied times 10 to create a 30 point aggregate scale. The RCI indicates how much difference between Time 2 and Time 1 is needed to indicate statistically significant change.

<i>Performance Measure</i>	<i>n</i>	<i>means</i>	<i>SD</i>	<i>RCI</i>
Substance Use	5,586	7.50	5.62	3.30
School Functioning	17,794	10.30	6.28	3.68